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Harold E. Varmas, M.D. University of California, San Francisco School of Medicine Department of Microbiology and Immunology San Francisco, California 94143

Dear Dr. Varmas:

Thank uou for your letter of August 12 but I only received it a few days ago. I find the issues and questions you pose quite interesting. Unfortunately, I will only be able to give you my opinion based on what I have read and what I have heard communicated to me by both patients and treating physicians.

I think the term AIDS cannot be avoided since it is already embedded in the medical literature, MEDLINE retrival services and so forth. To attempt to distinguish the 'AIDS virus' from the "XYZ" would not, it seems to me, serve any useful purpose. Further, it may be too soon, or we may end up changing, the notion as to which infected people have or have not developed the disease. Thus, I suspect the "XYZ virus" shortly would become synonymous with the "AIDS virus". The last question posed regarding an eponym is even more interesting. I find it difficult to explain to patients that the HTLV-III is named after a virus that causes leukemia or lymphoma when in fact that represents the problem in only a fraction of patients with AIDS. Thus, a term such HARV (which I assume stands for Human AIDS Related Virus) might be more direct and since its only mentioned as related to AIDS, it might be more easily discussed with patients. Since descriptions and discussions of the AIDS virus is (at least currently) a clinical and social one, it will no doubt take time to best settle on a name which will will be 'respectually pleasing' to as many people as possible.

In other words I think that the name eventually chosen for this retrovirus will finally become associated with the very severe condition it causes, regardless of its name. Thank you for your questions and I remain

Sincerely yours,

W. Abe Andes, M.D. Professor of Medicine